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March 1, 2005

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D. 
Director and Chief Medical Officer

fw Jonathan E. Fielding, M.D., M.P.H. 
Director of Public Health and Health Officer

SUBJECT: INFANT MORTALITY AMONG AFRICAN AMERICANS IN THE ANTELOPE VALLEY

On April 13, 2004, the Board approved a motion by Supervisor Antonovich instructing the Director of Health Services to convene a working group of Public Health staff and community agencies to address the alarming rate of infant mortality among African Americans in the Antelope Valley. On July 6, 2004, the Board accepted the 2004 report, *Infant Mortality Among African Americans in the Antelope Valley* and directed Public Health to provide periodic progress reports.

Attachment I provides an update on the implementation activities of the five recommendations approved by the Board. We plan to have a final report on the data collected through the Fetal Infant Mortality Report and a survey conducted of women who recently gave birth in the Antelope Valley, by May 30, 2005. We will report back to you at that time.

If you have any questions or require additional information, please let either of us know.

TLG:JEF:dd
404:011

Attachment

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

BACKGROUND

This report is a summary of the progress to date in implementing the original five recommendations reported to the Board of Supervisors on June 23, 2004, in order to address the alarming rates of infant mortality in the Antelope Valley. The five recommendations are:

RECOMMENDATION 1: Increase capacity and target access to high risk family support programs for African American women and their families.

RECOMMENDATION 2: Decrease barriers to accessing care by increasing the number of women and infants that have medical insurance.

RECOMMENDATION 3: Collaborate with and educate local health care providers to ensure quality care for African American women and their infants.

RECOMMENDATION 4: Conduct an education and outreach/marketing campaign aimed at African American women and the local community regarding healthy life practices.

RECOMMENDATION 5: Conduct research to determine the causes of infant mortality in the Antelope Valley.

IMPLEMENTATION ACTIVITIES

Recommendation 1

Increase capacity and target access to high risk family support programs for African American women and their families.

1.1 By August 2004, organize a resource group of local provider groups and community advocates to determine the viability of opening a women's health care local one-stop-shop or "drop-in" care center for at-risk women in targeted areas of the Antelope Valley.

Update

- Identified potential to enhance and expand access to the Care-A-Van, operated by Partners in Care Foundation, a Los Angeles County PPP service. Currently the Care-A-Van provides the necessary screening and referral expertise needed to provide drop in care in to the target population.
- Pursuing grant applications to increase the capacity of Care-A-Van to provide women's care to the target population and provide necessary referrals.
- Using another approach to providing care for at-risk women and their infants, Healthy Homes of Antelope Valley Hospital is seeking funding for a medical component for its high-risk family support program that will provide "front end" medical evaluation and medical case management for women and infants, to assure interconceptional health of women in the program and assure

their infants receive close medical monitoring for identified health problems during the perinatal period.

- 1.2 By August 2004, Area Health Office and local community health collaborative will submit at least one application for additional funding to increase the capacity of programs that target at-risk African American women and teens.

Update

- The Area Health Office participated in the development of three grant applications to augment resources for pregnant women and low income families: HHS Office of Minority Health Disparities in Minority Health Program (CFDA Program No. 93.137), HRSA MCH Partnerships to Promote Maternal and Child Health (HRSA 05-076), and March of Dimes Community Grant, 2004. The Area Health Officer will continue to collaborate with AV Best Babies Collaborative, the AVBIH program, Healthy Homes, and AVPH to pursue new funding proposals.

Recommendation 2

Decrease barriers to accessing care by increasing the number of women and infants that have medical insurance.

- 2.1 By September 2004, SPA 1 Area Health Officer, Maternal, Child and Adolescent Health Programs (MCAH) Director and members of the Los Angeles Best Babies Collaborative (LABBC), will work with Los Angeles County legislative analysts to prepare language to advocate for Medi-Cal coverage for women two years post-partum to provide inter-conception care.

Update

- On September 8, 2004, and December 8, 2004, LABBC and MCAH co-hosted meetings with key stakeholders to discuss Interconception Care Financing Strategies. A third meeting to finalize strategies and an action plan will be held in late spring 2005.
- MCAH in collaboration with LABBC will be developing a report on recommended content of care, financing models used in other states, and recommendations for action in Los Angeles County and California. The report should be finished by July 2005.
- Staff from MCAH, LABBC, SPA1 Area Health Office, First 5 LA and community partners will meet with Assemblywoman Sharon Runner's office in March 2005.

- 2.2 By September 2004, the SPA 1 Area Health Office will work with community partners and health care providers to increase the use of the newborn referral form for infants born to mothers on Medi-Cal.

Update

- The outreach plan is scheduled to begin March 2005. PHNs from SPA 1 are in the process of contacting local community groups, including parent groups, WIC, day care operators and their parent groups, as well as offering the program to local social service and health providers to use for their clients.

The AVBBC will sponsor an introduction to the presentation at their March meeting and encourage local agencies and providers to use the presentation in their client presentations as well.

Recommendation 3

Collaborate with and educate local health care providers to ensure quality care for African American women and their infants.

3.1 By July 2004 DHS Public Health will initiate an educational program to educate providers regarding infant mortality data, causes of poor outcomes and strategies to assure and improve quality of care.

Update

- Dr. Keith Campeau, Area Medical Director for SPA 1, continues to meet with area providers to develop strategies to assist women in accessing early and adequate levels of prenatal care.
- Findings of the FIMR study and 2003 mortality data will be reviewed with Antelope Valley Hospital providers, staff, and community providers. We anticipate that this meeting will take place in late March or early April, as soon as the 2003 infant mortality data is available. Planning is underway to conduct an annual community meeting in collaboration between MCAH, Antelope Valley Hospital and the SPA 1 Area Health Office, in order to continue to develop and implement strategies to reduce infant mortality rates.

3.2 By the end of FY 2004-2005 DHS prenatal clinics will provide CPSP-level of care as part of Departmental goals to assure quality of care and integration of Public Health into Personal Health services.

Update

- On January 4, 2005, staff from MCAH, SPA 1 Area Health Office, and other DHS programs met with Dr. Jonathan Fielding to discuss the status of CPSP services in DHS prenatal clinics. Several options for implementation at Antelope Valley Health Center are under consideration.
- CPSP implementation at remaining DHS clinics should be incorporated into the plan for the implementation of Federally Qualified Health Centers look a like status.

3.3 By December 2004 provide at least two educational sessions to promote CPSP and prenatal care guidelines for use by community health providers to enhance psychosocial outreach and resource referral to women enrolled in Medi-Cal for their prenatal care.

Update

- Antelope Valley Hospital, currently the only active CPSP provider in its prenatal clinic, is marketing CPSP-level care to associated providers and one new community provider has been identified to partner with AV Hospital in this endeavor. We will also continue to market the CPSP to local provider groups, with the next opportunity in March, at the meeting outlined above in 3.1.

- 3.4 By December 2004 SPA 1 Area Health Office and MCAH to provide information and provider education regarding the role of breastfeeding in preventing infant mortality and the advantages to becoming a Baby-Friendly Hospital, hiring lactation consultants, and promoting breastfeeding in hospital programs.

Update

- The local focus for this program has been assumed in a partnership now called the AV Best Babies Coalition (AVBBC). This is a local forum focused on improving birth outcomes for Antelope Valley infants and their mothers by promoting breastfeeding, and baby-friendly hospitals. The forum includes representatives from 40 agencies, including the Black Infant Health program of Antelope Valley, Healthy Homes, Antelope Valley Hospital, local providers groups, MCAH, the Area Health Office, and the LABBC.
- Antelope Valley Hospital will be moving their Women's and Children's health services into the new building this year and will include "couplet care" for mothers and their infants after delivery, as well as other "baby-friendly" services.

- 3.5 By December 2004, Nurse-Family Partnership, Prenatal Care Guidance, Black Infant Health and the other Antelope Valley community-based home visitation programs will train a portion of their home visiting staff as Certified Lactation Educators who will be available to assist their clients with breastfeeding issues.

Update

- As of February 15, 2005, 10 MCAH staff were trained to be Certified Lactation Educators (CLE). Five additional staff members to complete this training when it is offered again (date not set). Black Infant Health programs were surveyed and all have identified lactation educators that are on staff or available to consult with staff as needed.

Recommendation 4

Conduct an education and outreach/marketing campaign aimed at African American women and the local community regarding healthy life practices.

- 4.1 By July 2004, Antelope Valley Partners for Health and the Area Health Office will update the community resource guide and collaborate with First 5 Connect to increase use of local services by African American families.

Update

- This objective has been completed; however the Area Health Office continues to work with local providers and health collaboratives, including Antelope Valley Partners for Health and AVBBC, to improve resources and referrals.

- 4.2 By July 2004, SPA 1 AHO to work with the CAO Service Integration Branch to make available the Most Commonly Required Documents (MCRD) to increase knowledge regarding processes and information needed to obtain Medi-Cal, CalWORKs, and other benefits for high-risk families.

Update

- The web page updates are complete, with highlighted focus on infant mortality in the Antelope Valley. An additional link to facilitate education and referrals to access Medi-Cal are in planning for implementation by June 2005.

4.3 By August 2004, the Area Health Office and community collaborative will study the feasibility and plan for a community-based family mentoring program that utilizes local agencies as support systems for targeted high risk families.

Update

- This objective has been completed and it has been determined that this type of program could potentially be incorporated with case management programs such as AVBIH, however new funding to sponsor this type of program will be needed to provide program capacity in the AVBIH program to support this endeavor. The program would be voluntary for program participants and would assure their privacy.

4.4 By August 2004, MCAH and the Area Health Office will conduct at least three community focus groups to gain further insight into community-identified issues and strategies that focus on infant mortality.

Update

- As reported in the last update, this objective has been completed.

4.5 By September 2004, the Area Health Office will create a speaker's bureau to conduct outreach to increase community awareness and highlight the benefits of early prenatal care, breastfeeding, and the importance of "preconception care".

Update

- This objective has been completed, with venues for presenting the program being scheduled by SPA 1 PHNs. Venues will include day care centers and their parents' groups, child advocacy agencies, social service agencies, schools, and local health providers. This will be offered to community groups as a ongoing program for SPA 1 Public Health Nursing in the Antelope Valley.

4.6 By September 2004, the Area Health Office will collaborate with local health care agencies and businesses to provide training on Baby-friendly facilities and services for employers

Update

- On November 10, 2004, LABBC and MCAH participated with the L.A. Chamber of Commerce in a health care summit for small businesses. A document was developed to showcase the benefits of baby-friendly practices in the workplace. This document will be used to conduct outreach to businesses in the Antelope Valley.

4.7 By November 2004 the Area Health Office will collaborate work with the Breastfeeding Task Force of Greater Los Angeles's Breastfeeding Works Program to promote workplace lactation accommodation in the Antelope Valley.

Update

- The Area Health Office is an active partner in the Breastfeeding Task Force of Greater Los Angeles's Breastfeeding Works Program. Area Health Office staff Health Educators are developing a plan to utilize the program as a basis for outreach in the Antelope Valley, with a goal of rollout for the plan for June 2005.

4.8 By December 2004, Area Health Office will publish a resource guide for community and provider distribution that reviews issues such as Medi-Cal enrollment for both mothers and their infants, family support programs such as parenting and mental health counseling, as well as resources for assistance with alcohol and drug abuse issues in families.

Update

- See 4.1

Recommendation 5

Conduct research to determine the causes of infant mortality in the Antelope Valley.

5.1 By August 2004, SPA 1 Area Health Office will set up a Community Advisory Board to review research outlined above and to make recommendations about implementation in the Antelope Valley.

Update

- This objective has been completed.

5.2 By September 2004, DHS MCAH in collaboration with the SPA 1 Area Health Office will conduct a retrospective study of 2002 infant deaths in the SPA 1 to identify risk factors that may be associated with adverse birth outcomes, utilizing a Fetal Infant Mortality Review (FIMR) process.

Update

- As of February 2005, data collection and medical chart reviews have been completed in SPA 1.
- MCAH will complete data entry and analysis in March 2005.
- MCAH and SPA 1 Area Health Office will convene a community advisory team to review the preliminary data report in April 2005.
- By May 2005, MCAH in collaboration with the SPA 1 community Advisory team will develop recommendations based on the review of the data.

5.3 By September 2004, DHS MCAH will conduct the Los Angeles Mommy and Baby (LAMB) Project with a representative sample of all live births in SPA 1 to identify factors associated with adverse birth outcomes.

Update

- The Antelope Valley LAMB Survey is a population-based study of SPA 1. It is designed to identify potential risk factors for preterm and low birth weight, two birth outcomes that contribute to infant morbidity and mortality. The findings will be used to formulate public health interventions. Areas to be examined include access to care; prenatal care utilization, content, and satisfaction; intimate partner abuse; mental health; maternal health and pregnancy history; infant feeding practice; tobacco, alcohol, and drug use; and environmental factors.
- As of February 2005, LAMB surveys were mailed to 923 eligible women. Of these, 307 (33.3%) have responded. Most respondents completed mail-in surveys (89%). Data analysis will be completed in March 2005. A completed final report will be available in April 2005.
- LAMB Project members are constantly developing new strategies for improving group response rates and promoting the survey. An article was published in *The Public's Health*, a LAC DHS publication that reaches nearly 40,000 providers. Project staff members have met with Black Infant Health (BIH) contractors to identify strategies for improving response rates among African American women. LAMB researchers and epidemiologists conducted several presentations on LAMB and its associated projects (Perinatal Periods of Risk and Fetal Infant Mortality Review) for SPAs having high infant mortality rates and for community partners. A LAMB Web site is being developed. New promotional materials, such as a LAMB Baby Book and an informational brochure for providers and mothers are being developed.
- Several LAMB survey respondents expressly asked for service referrals. LAMB staff members contacted these mothers and provided the referral information requested.

5.4 By October 2004, DHS MCAH will set up a fetal-infant mortality expanded surveillance system (FIMESS) to monitor fetal-infant mortality in Los Angeles County in a timely fashion.

Update

- The FIMESS database system design was completed. Project members are developing a protocol for maintaining confidentiality.
- The 2004 infant and fetal death certificates will be entered by March 2005.
- In April 2005, we will begin to produce reports from these data.